



Request Form for Data Information

Maricopa County Department of Public Health, Division of Epidemiology and Data Services
1825 E. Roosevelt Street, Phoenix, AZ 85006
Phone (602) 506-6825 FAX (602) 506-6434

Office Use Only			
Distribution:	Mail _____	Fax _____	Pick-up _____
Check Completed:	Mailed _____	Faxed _____	Picked-up _____

Date of Request: ___/___/___

Date Needed: (Allow minimum of 2 weeks): ___/___/___

Requester Name: _____

Address: _____

Phone: _____

Fax: _____

Requester Affiliation: _____

Profit Org

Non-Profit Org

County Agency

Student/Faculty

State Agency

Other

Purpose of Information: _____

Please request only information you need. Unusually lengthy requests require much more staff and computer time and will result in greater preparation time and, possibly, client charges. Note that only data for Maricopa County are available from the county.

MISCELLANEOUS NOTES AND INSTRUCTIONS:

FOR OFFICE USE ONLY:	
Completed by: _____	Date: ___/___/___
	Time: _____
Completed by: _____	Date: ___/___/___
	Time: _____

NATALITY (BIRTH) DATA REQUESTED

5. Time period(s) (1988 on available) (Years and/or Months): _____
6. Area(s) (must be census tracts, Health Status Areas, or cities): _____
7. All Births: Single Births Only: Multiple Births Only:
8. Data Available (check only those needed):
- | | | | |
|--|--|---|--|
| Mother's age: <input type="checkbox"/> | Adolescent age group: <input type="checkbox"/> | Race/ethnicity: <input type="checkbox"/> | Education: <input type="checkbox"/> |
| Marital status: <input type="checkbox"/> | Child's sex: <input type="checkbox"/> | Birth weight: <input type="checkbox"/> | No. of prenatal visits: <input type="checkbox"/> |
| Trimester care began: <input type="checkbox"/> | Institution of birth: <input type="checkbox"/> | Gestational age: <input type="checkbox"/> | |

MORTALITY (DEATH) DATA REQUESTED

1. Time period(s) (1988 on available) (Years and/or Months): _____
2. Area(s) (must be census tracts, Health Status Areas, or cities): _____
3. 19 Main Causes of Death: OR: Specific Cause(s): _____

4. Data Available (check only those needed):
- | | | | | |
|---|--|-------------------------------|--|---|
| Age: <input type="checkbox"/> | Race/ethnicity: <input type="checkbox"/> | Sex: <input type="checkbox"/> | Marital status: <input type="checkbox"/> | Education level: <input type="checkbox"/> |
| Infant mortality age components: <input type="checkbox"/> | Resident city at death: <input type="checkbox"/> | | | |

OTHER DATA/INFORMATION

1. Census data by year and age/race/sex for Health Status Areas only:
Time period(s) (years only): _____
Health Status Area(s): _____
** Other census data can be obtained from the Arizona State Department of Economic Security, Population Statistics unit, or from the ASU or County library.
(Please note that additional census data are available for Department of Public Health personnel.)
2. Specialized data are available from other databases. Please contact our office to discuss these data:
- Hospital discharge data
 - Behavioral Risk Factor Survey (BRFS)